



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

South Dakota Medicaid EHR Incentive Payment Program

Eligible Professionals Meaningful Use Stage 1

User Guide

10/15/12

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South Dakota Medicaid EHR Incentive Payment Program Registration Steps for Eligible Professionals

1. Welcome Page: Account creation



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South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive program to receive incentive payments.

Log in

Username

Password

[Sign in](#)

[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)

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Applying for incentive payments:

- Enter the url for the South Dakota Medicaid EHR Incentive Program website <http://www.medicadehrincentives.sd>.

- First time users, create an account by entering the NPI and CMS registration ID. You can then create a User name and password

- Note: Providers must first register at CMS registration and attestation system. Providers must allow 1-2 business days after initially registering at the CMS site before log in to the SD attestation portal

- Follow the steps in the following pages to attest to the South Dakota Medicaid EHR Incentive Payment Program



Home Contact Us

Create a South Dakota Medicaid Incentive Payment Program Account

In order to create a new account, the Eligible Professional (EP) or Eligible Hospital (EH) must have already registered with the CMS Registration and Attestation Website. If you have not registered with CMS, please do so here [CMS registration website](#).

Please use the same NPI number used when registering with CMS

Note: There is a 24 hour delay between registration with CMS and ability to create an SLR account.

Provider Registration

NPI

CMS Registration ID

[Verify](#) [Reset](#)

Username

Password

Confirm Password

[Create](#) [Reset](#) [Cancel](#)

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Enter NPI and CMS registration ID, select verify

Create username, password and confirm

1.2 Log in



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South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

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Log in

Username

Password

[Sign in](#)

[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)

Enter username and password to sign in

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2. Registration Confirmation

Confirm registration. To update or modify the registration information, providers will need to visit the CMS EHR Incentive program registration and attestation system.

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | **Eligibility** | EHR Use | Meaningful Use | Attestation

CMS Account Details

Name:	Test EP
Address1:	204 E Lake Drive
Address2:	
City:	Estelline
State:	SD
Zip Code:	57234
Phone Number:	(605) 371-6899
Email Address:	
Payment Year:	1
Applicant NPI:	7860006721
Applicant TIN:	XXX-XX-6701 (SSN)
Payee NPI:	1234206701
Payee TIN:	XXX-XX-6701 (SSN)
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Dentist
Provider Specialty:	GENERAL PRACTICE

[Confirm CMS Data](#) [Visit CMS to Update or Change Information CMS registration website.](#)

Contact Details

Name:	test EP
Email Address:	medicaidehr@state.sd.us
Phone No:	6050000000

[Save Contact](#)

Enter optional contact information and Click Save

- If you already have a username and password, you will enter it on this screen and click sign in.
- Click “Forgot Password” if you do not remember your password. You will be asked for your NPI for validation.

- This is the information that was entered at the CMS Registration & Attestation site. Confirm this information if it is correct. If it is incorrect, you will need to return to the CMS site to update your information.

- If the contact person for this registration is different from the person listed in the CMS Account Details, enter it here.

- You are now able to move to the Eligibility Tab

3. Eligibility

Eligibility for a provider in an FQHC/RHC/Tribal.



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information **Eligibility** EHR Use Meaningful Use Attestation

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☒ Yes ☐ No

Are you a PA?
☐ Yes ☐ No

Save & Next

Annotations: Red circle around 'Eligibility' tab. Red arrow points to 'Yes' for 'Do you provide care in FQHC/RHC/Tribal setting?'. Red arrow points to 'Are you a PA?'.

- The questions on this screen are required fields that must be answered.

- Your answers here will determine which questions will appear next.

Account Information **Eligibility** EHR Use Meaningful Use Attestation

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☒ Yes ☐ No

Are you a PA?
☒ Yes ☐ No

Is your FQHC/RHC 'so led' by PA?
☐ Yes ☐ No

Save & Next

Annotations: Red circle around 'Eligibility' tab. Red arrow points to 'Is your FQHC/RHC 'so led' by PA?'.

- If you are a PA providing care in an FQHC/RHC, the FQHC/RHC must be "so led" by a PA.

Account Information **Eligibility** EHR Use Meaningful Use Attestation

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☒ Yes ☐ No

Are you a PA?
☒ Yes ☐ No

Is your FQHC/RHC 'so led' by PA?
☒ Yes ☐ No

☐ PA is the primary provider in a clinic
☐ PA is a clinical or medical director at a clinical site of practice
☐ PA is an owner of a RHC

Save & Next

Annotations: Red circle around 'Eligibility' tab. Red arrow points to the first checkbox option under 'Is your FQHC/RHC 'so led' by PA?'.

- Select the appropriate box to determine which "so led" criteria is met.

- After selection is made, click save. This will allow you to go to the patient volume information

Eligibility for Non PA in an FQHC or RHC

The screenshot shows the 'Eligibility' tab of a web form. The 'EP Specialty' section contains three questions: 'Do you provide care in FQHC/RHC/Tribal setting?' with radio buttons for 'Yes' (selected) and 'No'; 'Are you a PA?' with radio buttons for 'Yes' and 'No' (selected); and 'Are you a Pediatrician?' with a checkbox. Red arrows point to the 'No' radio button for the PA question with the text 'Select Yes or No', and to the Pediatrician checkbox with the text 'Select Pediatrician if appropriate'. Below this is the 'Patient Volume Information' section with a note about the 30% patient volume threshold, a date range for reporting, and radio buttons for reporting per 'Individual', 'Group', 'Encounter', or 'Patient Panel'. At the bottom is a 'Save & Next' button with a red arrow pointing to it and the text 'Click to continue'.

- If you provide care in an FQHC/RHC and are not a PA, select no and the pediatrician question becomes available.
- You can now continue to the Patient Volume Information.

Eligibility for EP Not practicing in an FQHC/RHC

The screenshot shows the 'Eligibility' tab of a web form for the 'South Dakota Medicaid EHR Incentive Payment Program'. It displays 'Welcome, Test EP', 'Provider Type: Eligible Professional (EP)', and 'Status: Program Qualification Filed with EHR Status as Meaningful Use'. The 'EP Specialty' section contains two questions: 'Do you provide care in FQHC/RHC/Tribal setting?' with radio buttons for 'Yes' and 'No' (selected); and 'Are 90% or more services covered in hospital?' with radio buttons for 'Yes' and 'No' (selected). Red arrows point to the 'No' radio button for the first question with the text 'Select Yes or No', and to the 'No' radio button for the second question with the text 'Select Yes or No'. At the bottom is a 'Save & Next' button.

- Do you provide 90% or more of your services in a hospital setting? Select Yes or no
- If 90% or more of an EP's services are covered in a hospital, they are not eligible for the program.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
 Provider Type: Eligible Professional (EP)
 Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Select Cancel to change your selection

Account Information | **Eligibility** | EHR Use | Meaningful Use | Attestation

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☐ Yes ☒ No

Are 90% or more services covered in hospital?
☒ Yes ☐ No

Save & Next

Message from webpage

You are not eligible.
 Click OK button to save the details
 Else click Cancel button to change the options

If No, then click box if you are a pediatrician and continue to Patient Volume Information

Account Information | **Eligibility** | EHR Use | Meaningful Use | Attestation

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☐ Yes ☒ No

Are 90% or more services covered in hospital?
☐ Yes ☒ No

Are you a Pediatrician? ☒ **Select Pediatrician if appropriate**

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date:

End Date:

Indicate whether reporting patient volume per: ☒ Individual ☐ Group

Indicate whether reporting patient volume per: ☒ Encounter ☐ Patient Panel

Save & Next

If you are not hospital based, proceed to the pediatrician indication and then on to the patient volume information.

4. Patient Volume – Eligibility Tab

EP Specialty

Do you provide care in FQHC/RHC/Tribal setting?
☐ Yes ☒ No

Are 90% or more services covered in hospital?
☐ Yes ☒ No

Are you a Pediatrician? ☐

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date: 09/22/2011

End Date: 12/19/2011

Indicate whether reporting patient volume per:
☒ Individual ☐ Group

Indicate whether reporting patient volume per:
☐ Encounter ☐ Patient Panel

Save & Next

○ Enter a Start Date for your 90-day reporting period. The end date will be calculated.

○ The Start Date must fall within the preceding calendar year prior to reporting.

○ Click whether you will be reporting patient volume as an individual or a group.

○ Click whether your will be using encounters or a patient panel.

Patient Volume for Individuals using Encounters

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date: 10/04/2011

End Date: 01/01/2012

Indicate whether reporting patient volume per:
☒ Individual ☐ Group

Indicate whether reporting patient volume per:
☒ Encounter ☐ Patient Panel

Medicaid encounters: 300

Total patient encounters: 350

Select County for CHIP %: Hughes

Patient Volume: 75.00%

Indicate locations for reporting patient volume:

Clinic name and location	State	Select this location to demonstrate patient volume	Location has Certified EHR	Action
	Select	<input type="checkbox"/>	<input type="checkbox"/>	Save Cancel

Calculate Save & Next

○ Enter in the numbers from your 90-day reporting period and the county where you see the majority of your Medicaid patients.

○ Enter the location(s) that you will be using to calculate your patient volume. After entered, **click save.**

○ Click Calculate to determine your patient volume adjusted for CHIP recipients.

○ Click Save & Next

Go to the EHR Use Tab

Patient Volume with Individual Patient Panel

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date: 10/05/2011
End Date: 01/02/2012

Indicate whether reporting patient volume per: ☐ Individual ☒ Group

Indicate whether reporting patient volume per: ☐ Encounter ☒ Patient Panel

Medicaid panels:
Unduplicated Medicaid encounters:
Total patient panels:
Unduplicated patient encounters:
Select County for CHIP %:

Patient Volume:

Indicate locations for reporting patient volume:

Clinic name and location	State	Select this location to demonstrate patient volume	Location has Certified EHR	Action
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Save Cancel

[Calculate](#) [Save & Next](#)

○ Total Medicaid patients assigned to the EP's panel in any representative, continuous 90-day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90-day period

○ Unduplicated Medicaid encounters in the same 90-day period

Patient Volume with Group Patient Panel

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date: 10/05/2011
End Date: 01/02/2012

Indicate whether reporting patient volume per: ☐ Individual ☒ Group

If group/clinic level, provide clinic NPI:

Indicate whether reporting patient volume per: ☐ Encounter ☒ Patient Panel

Medicaid panels:
Unduplicated Medicaid encounters:
Total patient panels:
Unduplicated patient encounters:
Select County for CHIP %:

Patient Volume:

Indicate locations for reporting patient volume:

Clinic name and location	State	Select this location to demonstrate patient volume	Location has Certified EHR	Action
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Save Cancel

[Calculate](#) [Save & Next](#)

○ Total patients assigned to the provider in that same 90-day period with at least one encounter taking place with the patient during the year prior to the 90-day period

○ All unduplicated patient encounters in the same 90-day period

○ If using group patient volume, you must enter the NPI of the reporting group/clinic.

If you select Patient Panel, the following calculation will be performed.

$$\frac{[\text{Total Medicaid patients assigned to the EP's panel in any representative, continuous 90-day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90-day period}] + [\text{Unduplicated Medicaid encounters in the same 90-day period}]}{[\text{Total patients assigned to the provider in that same 90-day period with at least one encounter taking place with the patient during the year prior to the 90-day period}] + [\text{All unduplicated patient encounters in the same 90-day period}]} \times 100$$

Patient Volume with Group Encounter

Patient Volume Information

Note: To be eligible for the incentive program, professionals must meet at least 30% patient volume threshold with option of 20% for pediatricians

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume

Start Date: 10/05/2011
End Date: 01/02/2012

Indicate whether reporting patient volume per: ☐ Individual ☒ Group

If group/clinic level, provide clinic NPI:

Indicate whether reporting patient volume per: ☒ Encounter ☐ Patient Panel

Medicaid encounters:
Total patient encounters:

Select County for CHIP %:

Patient Volume:
Indicate locations for reporting patient volume:

Clinic name and location	State	Select this location to demonstrate patient volume	Location has Certified EHR	Action
<input type="text"/>	<input type="text" value="Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Save Cancel

Click Calculate Click Save & Next

○ If using group patient volume, you must enter the NPI of the reporting group/clinic

○ Enter the location(s) that you will be using to calculate your patient volume. After entered, update option will appear **click Save**

○ You must select at least one practice location that you will be reporting Medicaid Patient volumes **and** utilizing EHR.

○ Click Calculate to determine your patient volume adjusted for CHIP

Clinic/Group Volume

Providers have the option to use the practice or clinic Medicaid patient volume/individuals with needs patient volume under three conditions as outlined in the final rule.

1. Clinic or group practice patient volume is appropriate as a patient volume methodology calculation for the EP (for example: If the EP sees only Medicare, commercial or self pay patients, then this is not an appropriate calculation)
2. There is an auditable data source to support the clinics patient volume determination
3. As long as the practice and EPs decide to use one methodology in each year

5. EHR Use

The screenshot shows the 'EHR Use' tab selected in a navigation bar. The form contains the following sections and annotations:

- Do you have a Certified EHR?**
 - Radio buttons for 'Yes' and 'No'. An arrow points to the 'Yes' button with the text: "Select the appropriate for a certified EHR".
 - Text: "Please provide the CMS EHR Certification Number:" followed by an input field. An arrow points to the field with the text: "Enter the 15 alphanumeric CMS EHR Certification ID".
 - Link: [About CMS EHR Certification Number](#)
- EHR Status**
 - Section header: **Indicate the status of your EHR:**
 - Radio buttons for:
 - Adopt - in the processes of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements
 - Implement - deploying, installing, or beginning utilization of certified EHR technology capable of meeting meaningful use requirements
 - Upgrade - either have completed or are in the process of expanding current EHR technology to certified EHR technology capable of meeting meaningful use requirements. This may also include staffing, training, or maintenance
 - Meaningful use
 - Text: "EHR Status description including vendor name and version (Max 1000 characters allowed):" followed by a text area. An arrow points to the text area with the text: "Select Meaningful use".
- Do you work with a Regional Extension Center such as HealthPOINT?**
 - Radio buttons for 'Yes' and 'No'. An arrow points to the 'Yes' button with the text: "Indicate yes or no if working with a regional extension center".
 - Text: "If yes, please describe(Max 1000 characters allowed):" followed by a text area. An arrow points to the text area with the text: "Indicate the regional extension center you work with".
- Documentation Upload**
 - Text: "Submit documentation showing adoption, implementation, or upgrade of a certified EHR system. Examples of documentation are signed contracts, user agreements, licence agreements, purchase orders or receipts."
 - Buttons: "Browse..." and "Upload". An arrow points to the "Upload" button with the text: "Select browse and upload documentation".
 - Note: "Note: File upload size should be less than 5 MB."
 - Link: [Upload Instructions](#)
- Save & Next**
 - Button: "Save & Next". An arrow points to the button with the text: "Click Save & Next".

6. REQUIREMENTS FOR MEANINGFUL USE MEASURES FOR EPS

15 out of 15 Core Meaningful Use measures must be met according to the CMS threshold.

- Exception – If CMS allows exclusion to a measure and the EP attests to that exclusion, then that measure is still considered completed.

5 out of 10 Menu Measures must be met according to the CMS threshold (including exclusions) and At least 1 of the 5 Menu Measures met by the EP must be from the Public Health List.

- Exception - If an EP meets the criteria for and can claim exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion.

EPs are encouraged to select the remaining 4 that relate to his/her practice.

EP must attest to 6 and up to 9 Clinical Quality Measures.

- 3 Core Clinical Quality Measures and/or up to 3 *Alternative CQMs* (Alternative Measures required for any Core measures with a denominator of zero), and 3 Additional CQMs
 - No patients in the measure population; It is acceptable to report zero in the denominator, even for 1 or more measures, as long as that is the value displayed & calculated by the certified EHR. The EP attests to this fact.
 - The automated reporting of the clinical quality measures will be accomplished using certified EHR technology interoperable with the system designated by the State to receive the data.

For additional information on Meaningful Use Measures Please see the following CMS Web site below:
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

6.1 Meaningful Use Measure Menu Screen

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☐ [Meaningful Use Info](#)
- ☐ [Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☐ [Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☐ [Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☐ [Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☐ [Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

Navigation:

- Meaningful Use Info – EHR reporting period is entered.
- Meaningful Use Core Measures – Takes the EP to the first screen of the Meaningful Use Core Measures, active after MU info is complete.
- Meaningful Use Menu Measures – Takes the EP to the first screen of the Meaningful Use Menu Measures, only active after the MU Core Measures are complete.
- Core Clinical Quality Measures – Takes the EP to the first screen of the Core Clinical Measures, only active after the MU Menu Measures are complete.
- Alternate Core Clinical Quality Measure – Takes the EP to the first screen of the Alternative Core Clinical Quality Measures, only active after the Core Clinical Quality Measures are completed and at least one of the entries for the denominator is zero.
- Additional Clinical Quality Measures – Takes the EP to the first screen of the Additional Clinic Quality Measures, only active after the Core Clinical Quality Measures are Completed and no entries for the denominators are zero or after the Alternative Core Clinical Quality Measures are completed if at least one of the entries for the Core CQM For the denominator was zero.

6.2 Meaningful Use Info

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Info

Questionnaire(1 of 3)

Meaningful Use EHR reporting period:

☒ 90 day- demonstrating MU in the first year

☐ 1 year- demonstrating MU in subsequent years

Please provide the EHR reporting period associated with this Meaningful use:

EHR Reporting Period Start Date:

EHR Reporting Period End Date:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE** Click Save & Continue

○ Select MU reporting period.

○ The EHR Reporting Start Date must fall within the current calendar year.

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Info

Questionnaire(2 of 3)

Do at least 50% of all your encounters take place at a location with certified EHR?

☒ Yes ☐ No

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE** Click Save & Continue

○ To be a meaningful user, the EP must have 50% or more encounters take place at a location with certified EHR.

7.0 Topics for Meaningful Use

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☒ [Edit Meaningful Use Info](#)
- ☐ [Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☐ [Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☐ [Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☐ [Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☐ [Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

○ Returned to Topics to complete the MU Core Measures

7.1 Meaningful Use Core Measure 1 screen

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire(1 of 15)

Objective: Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

PATIENT RECORDS : Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records : Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

Numerator = The number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator: Numerator:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP should be allowed to Save & Continue to the next measure. The following details other requirements of this screen.

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >30% threshold, N/D > 30%
- If an EP responds Yes to the exclusion then they have met the measure threshold.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.2 Meaningful Use Core Measure 2 Screen

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire(2 of 15)

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

☒ Yes ☐ No

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

Select Yes or No to continue to the next screen.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.3 Meaningful Use Core Measure 3 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Meaningful Use Core Measures

Questionnaire(3 of 15)

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, $N/D > 80\%$

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.4 Meaningful Use Core Measure 4 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(4 of 15)

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☒ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
Numerator = Number of prescriptions in the denominator generated and transmitted electronically.

Denominator: Numerator:

Which electronic prescribing service is used most of the time?

Name a pharmacy that you transmit prescriptions electronically.

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP should be allowed to Save & Continue to the next measure. The following details other requirements of this screen.

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >40% threshold, $N/D > 40\%$
- If an EP responds Yes to the exclusion then they have met the measure threshold.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.5 Meaningful Use Core Measure 5 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire(5 of 15)

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.
Numerator = Number of patients in the denominator who have no medication recorded as structured data.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, N/D > 80%

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.6 Meaningful Use Core Measure 6 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(6 of 15)

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, N/D > 80%

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.7 Meaningful Use Core Measure 7 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Meaningful Use Core Measures

Questionnaire(7 of 15)

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

Numerator = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

Denominator:

Numerator: Preferred language

Numerator: Gender

Numerator: Race

Numerator: Ethnicity

Numerator: Date of birth

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

All fields must be completed before the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.8 Meaningful Use Core Measure 8 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Meaningful Use Core Measures

Questionnaire(8 of 15)

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI

Measure: More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION 2 - Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients age 2 or over seen by the EP during the EHR reporting period.

Numerator = Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator:

Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds Yes to exclusion 1 or 2 then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.9 Meaningful Use Core Measure 9 Screen

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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Meaningful Use Core Measures

Questionnaire(9 of 15)

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients age 13 or older seen by the EP during the EHR reporting period.
Numerator = Number of patients in the denominator with smoking status recorded as structured data.

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds Yes to exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.10 Meaningful Use Core Measure 10 Screen



South Dakota Department of Social Services



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(10 of 15)

Objective: Report ambulatory clinical quality measures to CMS.

Measure: Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.

I will submit Clinical Quality Measures.

☐ Yes ☐ No

Name and describe one CQM:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Please select Yes or No
- If Yes, enter Name and describe one CQM

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.11 Meaningful Use Core Measure 11 Screen

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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire(11 of 15)

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

☒ Yes ☐ No

Enter a clinical decision support rule that was implemented:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Please select Yes or No
- The EP must enter an answer on the last question on the page.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.12 Meaningful Use Core Measure 12 Screen

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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(12 of 15)

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure: More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?
☐ Yes ☒ No

Complete the following information:

Denominator = Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.
Numerator = Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds Yes to exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.13 Meaningful Use Core Measure 13 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Meaningful Use Core Measures

Questionnaire(13 of 15)

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☒ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of office visits for the EP during the EHR reporting period.

Numerator = Number of office visits in the denominator for which a clinical summary is provided within three business days.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds Yes to exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.14 Meaningful Use Core Measure 14 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire(14 of 15)

Objective: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Complete the following information:

Have you performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

☒ Yes ☐ No

Specify with whom the test was done with:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS QUESTION **SAVE & CONTINUE**

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- A response must be submitted
- The EP must enter an answer to the question

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.15 Meaningful Use Core Measure 15 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Meaningful Use Core Measures

Questionnaire(15 of 15)

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Complete the following information:

Have you conducted or reviewed a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?

☐ Yes ☒ No

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#)

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- A response must be submitted
- The EP must enter an answer to the question

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

7.16 Summary of Core Measures



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Summary of Measures

Meaningful Use Core Measures



Objective	Measure	Entered	Select
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Denominator = 100 Numerator = 80	Edit
Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Denominator = 1 Numerator = 1	Edit
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Denominator = 1 Numerator = 1	Edit
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Denominator = 1 Numerator = 1	Edit
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Denominator = 1 Numerator = 1	Edit
Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Denominator = 100 Numerator 1 = 20 Numerator 2 = 5 Numerator 3 = 10 Numerator 4 = 10 Numerator 5 = 10	Edit
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children 2-20 years, including BMI 	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	Denominator = 20 Numerator = 15	Edit
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Denominator = 10 Numerator = 9	Edit

Summary of Core Measures - Continued

Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Denominator = 1 Numerator = 1	Edit
Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Denominator = 100 Numerator 1= 20 Numerator 2= 5 Numerator 3= 10 Numerator 4= 10 Numerator 5= 10	Edit
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display body mass index (BMI) • Plot and display growth charts for children 2-20 years, including BMI 	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	Denominator = 20 Numerator = 15	Edit
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Denominator = 10 Numerator = 9	Edit
Report ambulatory clinical quality measures to CMS.	Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.	Yes	Edit
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.	Implement one clinical decision support rule.	Yes	Edit
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.	Denominator = 10 Numerator = 15	Edit
Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	Denominator = 20 Numerator = 20	Edit
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	Yes	Edit
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	No	Edit
To Edit information, select the EDIT link next to the measure you would like to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.			
MOVE TO MU TOPICS			

The EP can review the core measures. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.



7.17 Meaningful Use Menu Measures Selection Screen

[Home](#)
[Contact Us](#)
[Change Password](#)
[Payments](#)
[My Issues](#)
[Add Issue](#)
[Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test SP
 Provider Type: Eligible Professional (EP)
 Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year:  Program Year: 

[Account Information](#)
[Billing Info](#)
[EHR Use](#)
[Meaningful Use](#)
[Attestation](#)

Meaningful Use Menu Measures

Questions:

Instructions:

EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the EP be able to successfully meet only one of these public health menu measures, the EP must select and report on that measure to SD Medicaid EHR Incentive Payment Program. Having met one public health menu measure, the EP must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the EP may select any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below.

If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measure or from the additional Meaningful Use Menu Measures in the list below. SD Medicaid EHR Incentive Payment Program encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 30% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)
[SAVE & CONTINUE](#)

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.17.1 Meaningful Use Menu Measure 1 Screen (Public Health)

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Menu Measures

Questionnaire(1 of 5)

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An EP who does not perform immunizations during the HER reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Exclusion response required
- Response of yes or no required if exclusion 1 and 2 has not been marked as yes

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.2 Meaningful Use Menu Measure 2 Screen (Public Health)



South Dakota Department of Social Services



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Menu Measures

Questionnaire(2 of 5)

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

☒ Yes ☐ No

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Exclusion response required
- Response of yes or no required if exclusion 1 and 2 has not been marked as yes

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.3 Meaningful Use Menu Measure 3 Screen

The screenshot shows the 'South Dakota Medicaid EHR Incentive Payment Program' interface. At the top, there is a header with the DSS logo and navigation links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below the header, the user is logged in as 'Test EP' with a provider type of 'Eligible Professional (EP)' and a status of 'Program Qualification Filed with EHR Status as Meaningful Use'. The 'Payment Year' is set to 2 and the 'Program Year' is 2012. The main content area is titled 'Meaningful Use Menu Measures' and shows 'Questionnaire (3 of 5)'. The objective is 'Implement drug formulary checks.' The measure description states: 'The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.' An exclusion note states: 'EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.' The question asks 'Does this exclusion apply to you?' with radio buttons for 'Yes' and 'No'. Below this, another question asks 'Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?' with radio buttons for 'Yes' and 'No'. At the bottom, there are three buttons: 'PREVIOUS QUESTION', 'SAVE & CONTINUE', and 'RESELECT QUESTION'. A note at the bottom of the questionnaire area says: 'Please select the PREVIOUS QUESTION button to go back, the SAVE & CONTINUE button to proceed, or the RESELECT QUESTION button to reselect the questions.'

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Exclusion response required
- Response of yes or no required if exclusion 1 and 2 has not been marked as yes

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.4 Meaningful Use Menu Measure 4 Screen

The screenshot shows the 'South Dakota Medicaid EHR Incentive Payment Program' interface. At the top, there is a navigation bar with links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below this, the user is logged in as 'Test EP' with a provider type of 'Eligible Professional (EP)' and a status of 'Program Qualification Filed with EHR Status as Meaningful Use'. The 'Payment Year' is set to 2 and the 'Program Year' is 2012. The main content area is titled 'Meaningful Use Menu Measures' and shows 'Questionnaire(4 of 5)'. The objective is to 'Incorporate clinical lab-test results into EHR as structured data.' The measure requires that 'More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.' An exclusion clause states: 'EXCLUSION - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.' The user is asked 'Does this exclusion apply to you?' and has selected 'No'. Below this, the user is prompted to 'Complete the following information:' and provided definitions for 'Denominator' and 'Numerator'. There are input fields for 'Denominator:' and 'Numerator:'. At the bottom, there are three buttons: 'PREVIOUS QUESTION', 'SAVE & CONTINUE', and 'RESELECT QUESTION'. A note at the bottom states: 'Please select the PREVIOUS QUESTION button to go back, the SAVE & CONTINUE button to proceed, or the RESELECT QUESTION button to reselect the questions.'

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the $> 40\%$ threshold, $N/D > 40\%$
- Response of Yes to the exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.5 Meaningful Use Menu Measure 5 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filled with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Allocation

Meaningful Use Menu Measures

Questionnaire(5 of 5)

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Have you generated at least one report listing your patients with a specific condition?
☒ Yes ☐ No

Specify a condition for which the list was created:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed before EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Patient Record response required
- Response of yes or no required
- The EP must enter an answer on the last question on the page

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.6 Meaningful Use Menu Measure 6 Screen



South Dakota Department of Social Services



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Allocation

Meaningful Use Menu Measures

Questionnaire(2 of 5)

Objective: Send reminders to patients per patient preference for preventive/follow up care.

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

Numerator = Number of patients in the denominator who were sent the appropriate reminder.

Denominator: 100 Numerator: 88

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the > 20% threshold, N/D > 20%
- Response of Yes to the exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.7 Meaningful Use Menu Measure 7 Screen



South Dakota Department of Social Services



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Menu Measures

Questionnaire(3 of 5)

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☒ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.
Numerator = Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

Denominator: 100 Numerator: 88

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**



All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the > 10% threshold, N/D > 10%
- Response of Yes to the exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.8 Meaningful Use Menu Measure 8 Screen



HomeContact UsChange PasswordPaymentsMy IssuesAdd IssueLogout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account InformationEligibilityEHR Use**Meaningful Use**Attestation

Meaningful Use Menu Measures

Questionnaire(4 of 5)

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Denominator = Number of unique patients seen by the EP during the EHR reporting period.
Numerator = Number of patients in the denominator who are provided patient education specific resources.

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed before EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the > 10% threshold, $N/D > 10\%$

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.9 Meaningful Use Menu Measure 9 Screen

The screenshot shows the 'South Dakota Medicaid EHR Incentive Payment Program' interface. At the top, there is a header with the DSS logo and navigation links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below the header, the user is logged in as 'Test EP' with a 'Provider Type: Eligible Professional (EP)' and 'Status: Program Qualification Filed with EHR Status as Meaningful Use'. The 'Payment Year' is set to 2 and the 'Program Year' is 2012. The main content area is titled 'Meaningful Use Menu Measures' and shows 'Questionnaire(5 of 5)'. The objective is 'The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.' The measure is 'The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.' Below this, there is a section for 'PATIENT RECORDS' with two radio button options: 'This data was extracted from ALL patient records not just those maintained using certified EHR technology.' (unselected) and 'This data was extracted only from patient records maintained using certified EHR technology.' (selected). An 'EXCLUSION' section follows, stating that an EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded. It asks 'Does this exclusion apply to you?' with 'Yes' (unselected) and 'No' (selected) radio buttons. Below this, it asks to 'Complete the following information:' and provides definitions for 'Denominator' and 'Numerator'. There are input fields for 'Denominator:' and 'Numerator:'. At the bottom, there are three buttons: 'PREVIOUS QUESTION', 'SAVE & CONTINUE', and 'RESELECT QUESTION'. A note at the bottom states: 'Please select the PREVIOUS QUESTION button to go back, the SAVE & CONTINUE button to proceed, or the RESELECT QUESTION button to reselect the questions.'

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the > 50% threshold, N/D > 50%
- Response of Yes to the exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.10 Meaningful Use Menu Measure 10 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Menu Measures

Questionnaire(5 of 5)

Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☒ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the > 50% threshold, $N/D > 50\%$
- Response of Yes to the exclusion then they have met the measure threshold

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.17.11 Meaningful Use Summary of Measures



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Allocation](#)

Summary of Measures

Meaningful Use Menu Measures

Objective	Measure	Entered	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Yes	Edit
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	Yes	Edit
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Edit
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Denominator = 10 Numerator = 8	Edit
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	Edit
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Yes	Edit
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Denominator = 100 Numerator = 88	Edit
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	Denominator = 100 Numerator = 88	Edit
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	Denominator = 100 Numerator = 80	Edit
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	Denominator = 100 Numerator = 90	Edit

Meaningful Use Summary of Measures...continued



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Allocation](#)

Summary of Measures

Meaningful Use Menu Measures

Objective	Measure	Entered	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	Yes	Edit
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	Yes	Edit
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Edit
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Denominator = 10 Numerator = 8	Edit
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	Yes	Edit

To Edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics. Select the **RESELECT QUESTION** button to reselect the questions.

[MOVE TO MU TOPICS](#)

[RESELECT QUESTION](#)

The EP can review the MU measures. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics. Select Core Clinical Quality Measures.

7.18 Topics for Meaningful Use



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☐ [Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☐ [Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☐ [Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue, EP can select Core Clinical Quality Measures.

7.19 Core Clinical Quality Measure 1 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Core Clinical Quality Measures

Questionnaire(1 of 3)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE & CONTINUE

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the HER reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.20 Core Clinical Quality Measure 2 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Core Clinical Quality Measures

Questionnaire(2 of 3)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

Denominator: Numerator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

Denominator: Numerator:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the HER reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.21 Core Clinical Quality Measure 3 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR. Status as Meaningful Use

Payment Year: Program Year:

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Core Clinical Quality Measures

Questionnaire(3 of 3)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421 / PQRI 128

Title: Adult Weight Screening and Follow-up

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

Population Criteria 1: Denominator: Numerator 1: Exclusion:

Population Criteria 2: Denominator: Numerator 2: Exclusion:

Please select the **PREVIOUS QUESTION** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Exclusion must be a whole number.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.22 Summary of Measures



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Allocation](#)

Summary of Measures

Core Clinical Quality Measures

Title	Description	Entered	Select
NQF 0013 Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Denominator = 1 Numerator = 1	Edit
NQF 0028 Preventive Care and Screening Measure Pair a. Tobacco Use Assessment b. Tobacco Cessation Intervention	Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.	Denominator = 0 Numerator 1 = 0	Edit
	Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	Denominator = 1 Numerator 2 = 1	
NQF 0421 / PQRI 128 Adult Weight Screening and Follow-up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	Denominator = 0 Numerator 1 = 0 Exclusion = 0 Denominator = 1 Numerator 2 = 1 Exclusion = 0	Edit

To Edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics.

[MOVE TO MU TOPICS](#)



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use Meaningful Use Allocation

Summary of Measures

Core Clinical Quality Measures

Title	Description	Entered	Select
NQF 0013 Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Denominator = 1 Numerator = 1	Edit
NQF 0028 Preventive Care and Screening Measure Pair a. Tobacco Use Assessment b. Tobacco Cessation Intervention	Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	Denominator = 0 Numerator 1= 0 Denominator = 1 Numerator 2= 1	Edit
NQF 0421 / PQRI 128 Adult Weight Screening and Follow-up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	Denominator = 0 Numerator 1= 0 Exclusion = 0 Denominator = 1 Numerator 2= 1 Exclusion = 0	Edit

To Edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics.

MOVE TO MU TOPICS

The EP can review the MU measures. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics. Select Alternative Core Clinical Quality Measures.

7.23 Topics for Meaningful Use



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☒ [Edit Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☐ [Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☐ [Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue, the EP can select Alternate Core Clinical Quality Measures.

7.24 Alternative Core Clinical Quality Measures Selection Screen

If an EP indicates a zero in the denominator for one or more Core Clinical Quality Measures then they must choose an Alternate Clinical Quality Measure to equal the amount of Core Clinical Quality Measures that had a zero in the denominator.



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Alternate Core Clinical Quality Measures

Questionnaire

Title	Description	Select
NQF 0024 Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
NQF 0041 / PQRI 110 Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
NQF 0038 Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input checked="" type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#)

7.24.1 Alternative Core Clinical Quality Measure 1 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2

Program Year: 2012

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Alternate Core Clinical Quality Measures

Questionnaire(1 of 2)

NQF 0024

Title: Weight Assessment and Counseling for Children and Adolescents

Description: Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Complete the following information:

Population Criteria 1:

Denominator: 1

Numerator 1:1

Denominator: 1

Numerator 2:1

Denominator: 1

Numerator 3:1

Population Criteria 2:

Denominator: 1

Numerator 1:1

Denominator: 1

Numerator 2:1

Denominator: 1

Numerator 3:1

Population Criteria 3:

Denominator: 1

Numerator 1:1

Denominator: 1

Numerator 2:1

Denominator: 1

Numerator 3:1

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE

SAVE & CONTINUE

RESELECT QUESTION

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.24.2 Alternative Core Clinical Quality Measure 2 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Alternate Core Clinical Quality Measures

[Questionnaire\(2 of 2\)](#)

NQF 0041/ PQRI 110

Title: Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old

Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.24.3 Alternative Core Clinical Quality Measure 3 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Alternate Core Clinical Quality Measures

Questionnaire (2 of 2)

NQP 0035

Title: Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Complete the following information:

Denominator:	<input type="text"/>	Numerator 1:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 2:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 3:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 4:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 5:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 6:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 7:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 8:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 9:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 10:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 11:	<input type="text"/>
Denominator:	<input type="text"/>	Numerator 12:	<input type="text"/>

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

7.24.4 Summary of Measures



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
 Provider Type: Eligible Professional (EP)
 Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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[Meaningful Use](#)
[Attestation](#)

Summary of Measures

Alternate Clinical Quality Measures

Title	Description	Entered	Select
NQ# 0024 Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	Denominator = 1 Numerator 1 = 1 Denominator = 1 Numerator 2 = 1 Denominator = 1 Numerator 3 = 1 Denominator = 1 Numerator 4 = 1 Denominator = 1 Numerator 5 = 1 Denominator = 1 Numerator 7 = 1 Denominator = 1 Numerator 8 = 1 Denominator = 1 Numerator 9 = 1	Edit
NQ# 0041 / PQRI 110 Preventive Care and Screening: Influenza Immunization for Patients 2-50 Years Old	Percentage of patients aged 20 years and older who received an influenza immunization during the flu season (September through February).	Denominator = 1 Numerator = 1 Exclusion = 1	Edit
NQ# 0038 Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HIB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Denominator = 1 Numerator 1 = 1 Denominator = 1 Numerator 2 = 1 Denominator = 1 Numerator 3 = 1 Denominator = 1 Numerator 4 = 1 Denominator = 1 Numerator 5 = 1 Denominator = 1 Numerator 6 = 1 Denominator = 1 Numerator 7 = 1 Denominator = 1 Numerator 8 = 1 Denominator = 1 Numerator 9 = 1 Denominator = 1 Numerator 10 = 1 Denominator = 1 Numerator 11 = 1 Denominator = 1 Numerator 12 = 1	Edit

To edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics. Select the **RESELECT QUESTION** button to reselect the questions.

[MOVE TO MU TOPICS](#)
[RESELECT QUESTION](#)

The EP can review the Alternative Quality Measures. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics. Select Alternative Core Clinical Quality Measures.

7.25 Topics of Meaningful Use



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South Dakota Medicaid EHR Incentive Payment Program

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Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☒ [Edit Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☒ [Edit Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☐ [Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue, the EP can select Alternate Core Clinical Quality Measures.

7.26 Additional Clinical Quality Measures Selection Screen

A total of 3 Additional Clinical Quality Measures must be selected by the EP.

If there are not any patients in the measure population, it is acceptable to report zero in the denominator, even for 1 or more measures, as long as that is the value displayed and calculated by the certified EHR.



South Dakota Department of Social Services



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 2 Program Year: 2012

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Additional Clinical Quality Measures

Questionnaire

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

Title	Description	Select
NQF 0001 / PQRI 64 Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	<input checked="" type="checkbox"/>
NQF 0002 / PQRI 66 Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	<input checked="" type="checkbox"/>
NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	<input checked="" type="checkbox"/>
NQF 0012 Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	<input type="checkbox"/>
NQF 0014 Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	<input type="checkbox"/>
NQF 0018 Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	<input type="checkbox"/>
NQF 0027 / PQRI 115 Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	<input type="checkbox"/>

NQF 0031 / PQRI 112 Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
NQF 0032 Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	<input type="checkbox"/>
NQF 0033 Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	<input type="checkbox"/>
NQF 0034 / PQRI 113 Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>
NQF 0036 Use of Appropriate Medications for Asthma	Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	<input type="checkbox"/>
NQF0043 / PQRI 111 Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0047 / PQRI 53 Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	<input type="checkbox"/>
NQF 0052 Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	<input type="checkbox"/>
NQF 0056 / PQRI 163 Diabetes: Foot Exam	The Percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	<input type="checkbox"/>
NQF 0059 / PQRI 1 Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0061 / PQRI 3 Diabetes: Blood Pressure Management	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0062 / PQRI 119 Diabetes: Urine Screening	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	<input type="checkbox"/>
NQF 0064 / PQRI 2 Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input type="checkbox"/>
NQF 0067 / PQRI 6 Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	<input type="checkbox"/>
NQF 0068 / PQRI 204 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	<input type="checkbox"/>
NQF0070 / PQRI 7 Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>

NQF 0073 / PQRI 201 Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	<input type="checkbox"/>
NQF 0074 / PQRI 197 Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	<input type="checkbox"/>
NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDLC < 100 mg/dL.	<input type="checkbox"/>
NQF 0081 / PQRI 5 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0083 / PQRI 8 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0084 / PQRI 200 Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	<input type="checkbox"/>
NQF 0086 / PQRI 12 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	<input type="checkbox"/>
NQF 0088 / PQRI 18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	<input type="checkbox"/>
NQF 0089 / PQRI 19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	<input type="checkbox"/>
NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input type="checkbox"/>
NQF 0385 / PQRI 72 Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.	<input type="checkbox"/>
NQF 0387 / PQRI 71 Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	<input type="checkbox"/>

NQF 0389 / PQRI 102 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	<input type="checkbox"/>
NQF 0575 Diabetes: Hemoglobin A1c Control (<8.0%)	The Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

To select a measure add a check in the Select box. Click the Save & Continue button.

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

7.26.1 Additional Clinical Quality Measure 1 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

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Additional Clinical Quality Measures

Questionnaire(1 of 3)

NQF 0001/ PQRI 64

Title: Asthma Assessment

Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.2 Additional Clinical Quality Measure 2 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0002/ PQRI 66

Title: Appropriate Testing for Children with Pharyngitis

Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.3 Additional Clinical Quality Measure 3 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
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Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0004

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement

Description: Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Population Criteria 1: Denominator: Numerator1:
Denominator: Numerator2:

Population Criteria 2: Denominator: Numerator1:
Denominator: Numerator2:

Population Criteria 3: Denominator: Numerator1:
Denominator: Numerator2:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.4 Additional Clinical Quality Measure 4 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(1 of 3)

NQF 0012

Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

Description: Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.5 Additional Clinical Quality Measure 5 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0014

Title: Prenatal Care: Anti-D Immune Globulin

Description: Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.6 Additional Clinical Quality Measure 6 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0018

Title: Controlling High Blood Pressure

Description: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.7 Additional Clinical Quality Measure 7 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0027 / PQRI 115

Title: Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies

Description: Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Complete the following information:

Denominator: Numerator 1:

Denominator: Numerator 2:

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.8 Additional Clinical Quality Measure 8 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0031/ PQRI 112

Title: Breast Cancer Screening

Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.9 Additional Clinical Quality Measure 9 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
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Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0032

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.10 Additional Clinical Quality Measure 10 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(1 of 3)

NQF 0033

Title: Chlamydia Screening for Women

Description: Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Complete the following information:

Population Criteria 1:	Denominator: <input type="text"/>	Numerator: <input type="text"/>	Exclusion: <input type="text"/>
Population Criteria 2:	Denominator: <input type="text"/>	Numerator: <input type="text"/>	Exclusion: <input type="text"/>
Population Criteria 3:	Denominator: <input type="text"/>	Numerator: <input type="text"/>	Exclusion: <input type="text"/>

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.11 Additional Clinical Quality Measure 11 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(2 of 3\)](#)

NQF 0034/ PQRI 113

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.12 Additional Clinical Quality Measure 12 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0036

Title: Use of Appropriate Medications for Asthma

Description: Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Complete the following information:

Population Criteria 1: Denominator: Numerator: Exclusion:

Population Criteria 2: Denominator: Numerator: Exclusion:

Population Criteria 3: Denominator: Numerator: Exclusion:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.13 Additional Clinical Quality Measure 13 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(1 of 3)

NQF0043/ PQRI 111

Title: Pneumonia Vaccination Status for Older Adults

Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Page” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.14 Additional Clinical Quality Measure 14 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0047/ PQRI 53

Title: Asthma Pharmacologic Therapy

Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Complete the following information:

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
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- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.15 Additional Clinical Quality Measure 15 Screen



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South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0052

Title: Low Back Pain: Use of Imaging Studies

Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.16 Additional Clinical Quality Measure 16 Screen



South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

Questionnaire(1 of 3)

NQF 0055/ PQRI 117

Title: Diabetes: Eye Exam

Description: Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Complete the following information:

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.17 Additional Clinical Quality Measure 17 Screen



South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(2 of 3\)](#)

NQF 0056/ PQRI 163

Title: Diabetes: Foot Exam

Description: The Percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.18 Additional Clinical Quality Measure 18 Screen



South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0059 / PQRI 1

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

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All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
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- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.19 Additional Clinical Quality Measure 19 Screen



South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0061 / PQRI 3

Title: Diabetes: Blood Pressure Management

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
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- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.20 Additional Clinical Quality Measure 20 Screen



South Dakota Department of Social Services



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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0062/ PQRI 119

Title: Diabetes: Urine Screening

Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

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All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
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- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.
- Exclusion must be greater than or equal to 0.
- Please provide a whole number less than 1,000,000 for the Exclusion.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.21 Additional Clinical Quality Measure 21 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

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Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0064 / PQRI 2

Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control

Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).

Complete the following information:

Denominator: **Numerator 1:** **Exclusion:**

Denominator: **Numerator 2:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please enter exclusion, 0 is acceptable if that was reported by the EHR technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.22 Additional Clinical Quality Measure 22 Screen



South Dakota Medicaid EHR Incentive Payment Program

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Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0067/ PQRI 6

Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.23 Additional Clinical Quality Measure 23 Screen



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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0068/ PQRI 204

Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

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All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.24 Additional Clinical Quality Measure 24 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF0070 / PQRI 7

Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.25 Additional Clinical Quality Measure 25 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0073/ PQRI 201

Title: Ischemic Vascular Disease (IVD): Blood Pressure Management

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).

Complete the following information:

Denominator: **Numerator:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.26.26 Additional Clinical Quality Measure 26 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0074/ PQRI 197

Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.27 Additional Clinical Quality Measure 27 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0075

Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDLC < 100 mg/dL.

Complete the following information:

Denominator: Numerator1:

Denominator: Numerator2:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

7.26.28 Additional Clinical Quality Measure 28 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0081 / PQRI 5

Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.29 Additional Clinical Quality Measure 29 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Additional Clinical Quality Measures

[Questionnaire\(2 of 3\)](#)

NQF 0083/ PQRI 8

Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.30 Additional Clinical Quality Measure 30 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0084/ PQRI 200

Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

Description: Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.31 Additional Clinical Quality Measure 31 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

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Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0086/ PQRI 12

Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.32 Additional Clinical Quality Measure 32 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0088/ PQRI 18

Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details are other requirements of this screen:

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.33 Additional Clinical Quality Measure 33 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

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Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0089/ PQRI 19

Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

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- Please enter an exclusion, 0 is acceptable if that was reported by the HER technology.
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- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.34 Additional Clinical Quality Measure 34 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

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Additional Clinical Quality Measures

[Questionnaire\(1 of 3\)](#)

NQF 0105

Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment

Description: Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Complete the following information:

Denominator: **Numerator 1:**

Denominator: **Numerator 2:**

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS PAGE](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

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- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

7.26.35 Additional Clinical Quality Measure 35 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

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Additional Clinical Quality Measures

Questionnaire(2 of 3)

NQF 0385 / PQRI 72

Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

Description: Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

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- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.36 Additional Clinical Quality Measure 36 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

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Payment Year: Program Year:

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Additional Clinical Quality Measures

[Questionnaire\(3 of 3\)](#)

NQF 0387/ PQRI 71

Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

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- Please provide a whole number less than 1,000,000 for the Denominator.
- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting “Previous Question” prior to saving will result in the data on the current Screen not being saved.

If selecting “Reselect Question”, EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.37 Additional Clinical Quality Measure 37 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

[Questionnaire\(2 of 3\)](#)

NQF 0389 / PQRI 102

Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

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- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.38 Additional Clinical Quality Measure 38 Screen



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP

Provider Type: Eligible Professional (EP)

Status: Program Qualification Filed with EHR Status as Meaningful Use

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[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Additional Clinical Quality Measures

Questionnaire(3 of 3)

NQF 0575

Title: Diabetes: Hemoglobin A1c Control (<8.0%)

Description: The Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

Complete the following information:

Denominator: **Numerator:** **Exclusion:**

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#)

[SAVE & CONTINUE](#)

[RESELECT QUESTION](#)

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- Please provide a whole number less than 1,000,000 for the Numerator.
- Please provide a whole number less than 1,000,000 for the Exclusion.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EP will be taken back to Meaningful Use Menu Measure Selection Screen.

7.26.39 Summary of Measures



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services



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South Dakota Medicaid EHR Incentive Payment Program

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Summary of Measures

Additional Clinical Quality Measures

Title	Description	Entered	Select
NQF 0387 / PQRI 71 Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Denominator = 1 Numerator = 1 Exclusion = 0	Edit
NQF 0389 / PQRI 102 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Denominator = 1 Numerator = 1 Exclusion = 0	Edit
NQF 0575 Diabetes: Hemoglobin A1c Control (<8.0%)	The Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Denominator = 1 Numerator = 1 Exclusion = 0	Edit

To Edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics. Select the **RESELECT QUESTION** button to reselect the questions.

[MOVE TO MU TOPICS](#)

[RESELECT QUESTION](#)

The EP can review the Additional Clinical Quality Measures. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics. Select Alternative Core Clinical Quality Measures.

7.27 Topics for Meaningful Use



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure is only required if any Core CQM has a denominator of zero.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible professionals are required to attest to 15 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible professionals are required to attest to 5 of 10 menu measures
- ☒ [Edit Core Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 core CQM.
- ☒ [Edit Alternate Core Clinical Quality Measures](#) : Eligible professionals are required to attest to alternate core CQM if any Core CQM has a denominator of zero.
- ☒ [Edit Additional Clinical Quality Measures](#) : Eligible professionals are required to attest to 3 of 38 additional CQM.

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

The EP may update any field on the measure that they have previously entered. By clicking on the blue hyperlinks of the measures, the measures can be reviewed and updated. If the EP decides they do not want to make any changes then they can select the 'Proceed with Attestation' button to continue.

8. Attestation

Edit information entered and save if necessary. Confirm and submit. Once submitted, the provider will not be able to update or change the attested



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test EP
Provider Type: Eligible Professional (EP)
Status: Meaningful Use Filled

Payment Year: Program Year:

Account Information Eligibility EHR Use Meaningful Use **Attestation**

Account Information

CMS Account Details

Name:	Test EP
Address1:	204 E Lake Drive
Address2:	
City:	Estelline
State:	SD
Zip Code:	57234
Phone Number:	(605) 371-6899
Email Address:	supriya.gloyle@citilustech.com
Payment Year:	1
Applicant NPI:	7860006721
Applicant TIN:	XXX-XX-6701 (SSN)
Payee NPI:	1234206701
Payee TIN:	XXX-XX-6701 (SSN)
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Dentist
Provider Specialty:	GENERAL PRACTICE

Contact Details

Name:	test EP
Email Address:	medicaidehr@state.sd.us
Phone No:	6050000000

[Edit Contact Details](#)

Review Information

Select edit contact information if appropriate to update

Attestation - Continued

EP Eligibility
EP Specialty

Do you provide care in FQHC/RHC/Tribal setting? No
Are 90% or more services covered in Hospital? No
Are you a Pediatrician? No

Patient Volume Information

Enter any continuous 90 day period in the previous calendar year (Jan 1-Dec 31) for reporting patient volume
Start Date: 10/05/2011
End Date: 01/02/2012
Indicate whether reporting patient volume per: Individual
Indicate whether reporting patient volume per: Encounter
Medicaid encounters: 100
Total Patient Encounters: 150
Select County for CHIP %: Hughes
Patient Volume: 58.00%

Indicate location for reporting patient volume:

Clinic name and location	State	Select this location to demonstrate patient volume	Location has Certified EHR
Westside	South Dakota	Yes	Yes

Edit EP Details Select edit EP details if appropriate to update

EHR Use Details

Do you have a Certified EHR? Yes
CMS EHR Certification Number: 30000001SWGTAS
Status of EHR: Meaningful use
EHR Status description including vendor name and version:
Regional Extension Center: Yes
Regional Extension Center Description:
Supported Documents uploaded: None

Edit EHR Use Details Select edit EHR Use information if appropriate to update

Meaningful Use

- [Summary of Meaningful Use Info](#)
- [Summary of Meaningful Use Core Measures](#)
- [Summary of Meaningful Use Menu Measures](#)
- [Summary of Clinical Quality Measures](#)

Edit MU Details Select edit MU Details if appropriate to update

Attestation - Continued

Attestation Statement

You are about to submit your attestation for EHR Certification Number 300000015WGTEAS.

Please check the box next to each statement below to attest, then select the Submit button to complete your attestation:

- ☒ The information submitted for CQMs was generated as output from an identified certified EHR technology.
- ☒ The information submitted is accurate to the knowledge and belief of the EP.
- ☒ The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- ☒ The information submitted includes information on all patients to whom the measure applies.
- ☒ A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

Terms of Use

I hereby agree to keep records for a minimum of six years to demonstrate that I met all of the South Dakota Medicaid EHR Incentive Payment Program requirements and to furnish those records to South Dakota Medicaid EHR Incentive Payment Program upon request.

The state will pursue repayment in all instances of improper and duplicate payment. I certify I am not receiving Medicaid EHR incentive funds from any other state or commonwealth and have not received a payment from South Dakota Medicaid EHR Incentive Payment Program for this year. EHR incentive payments will be treated like all other income and are subject to federal and state laws regarding income tax, wage garnishment, and debt recoupment.

I understand that reassignment of payment is voluntary and the reassigning provider will not receive the incentive payment directly.

No Medicaid EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

☒ I attest to the submitted information terms and conditions.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR Incentive payments I requested through the South Dakota Medicaid EHR Incentive Payment Program will be paid from Federal funds, and that any false claim, statements, or documents, or the concealment of a material fact used to obtain incentive payment, may be prosecuted under Federal or State laws.

Enter Initials:

Attested Date: 10/14/2012

Select submit. The submitted information will not be allowed to be edited once submitted

Please closely review the Terms of Use and check the box if you agree to the terms and conditions.

Enter your initials, click submit and the current date will be populated.

After attestation, program staff will review the submission and will be in contact with you. If you have questions, please call 605-773-3495 or email Medicaidehr@state.sd.us.

Thank you!
Angie Bren, Program Manager